

Alabama Medicaid Agency
PCNA RFP Questions and Answers
April 20, 2012

1. How much behavioral or psychiatric experience is the Behavioral Health Care Nurse required to have?
The PCNA Guidelines (Section 4.10) do not specify a specific amount of experience.
2. Is it acceptable for the board membership for a Mental Health Provider and the Substance Abuse Provider to be the same person?
Section 2.02 of the PCNA Guidelines requires at least one representative from a Community Mental Health Center and one representative from a Department of Mental Health Substance Abuse Provider from each area. It is Medicaid's position that the Board will be best served by two different members.
3. Is the Substance Abuse Provider person a private or Community Mental Health Center person?
Please refer to the response in Question 2.
4. What are the requirements for being a Chronic Care Clinical Champion?
See the PCNA Guidelines Section 4.06. These include the following: Work with practices and community providers in the implementation of the chronic care program; Possess at a minimum a BSN degree, maintain current licensure and preferably reside within the region; Support the care management of those in the region that are at the highest risk and cost along with other areas of focus as chosen by the network; Work with existing case managers to meet network goals; and Ensure quality of services provided in accordance with state and federal regulations.
5. Is it necessary for current PMPs to be re-contracted?
Contracts with PMPs must meet the requirements of this RFP.
6. Are we required to submit new letters of support for the current counties for the new contract and new letters for the non-existing ones?
The RFP does not specify a date range for letters of support. It is the applicant's decision whether letters received for previous proposals should be modified.
7. Are we allowed to submit the previous letters of support that were used in the current RFP?
Please refer to the response in Question 6.
8. Do all by-laws have to be submitted beforehand?
Section VI letter c states that Bylaws must be submitted with the proposal.
9. How much authority are interns allowed to have when performing certain levels of business?
Any role or position detailed in the RFP must be performed by qualified individuals. If interns are performing these roles they must meet these qualifications. However, these positions would most likely not be filled with interns.
Any other role that the Entity decides would support the work of the network can be developed. This could include paid positions or interns. We would anticipate interns would most likely be used to support network employees and not take on primary care management or leadership roles.
10. Can a waiver be submitted in order to give interns more authority over levels of business?
A request to waive or clarify roles can be submitted. All request will be considered on a case by case basis.
11. Are we required to submit a new pre-established board conflict of interest policy, or can the previous one be re-submitted?

A conflict of interest policy must be submitted. If current policies meet the requirement there is not a requirement to create a new policy.

12. Does a Network Pharmacist have to approve a Medication Reconciliation completed by an RN?

Yes, see the PCNA Guidelines Section 6.03 (a).

13. Does Medication Reconciliation apply to patients who are admitted into the hospital without a chronic illness?

Medication Reconciliation applies to all Health Home recipients discharged from the hospital.

14. Is a patient who is admitted into the hospital with a light condition required to have a Medication Reconciliation?

Medication Reconciliation applies to all Health Home recipients discharged from the hospital.

15. Can you provide more definitive criteria for the term “unstable?”

Unstable is used to generally describe the population of Health Home recipients who need care management beyond what is provided by the PMP. This population can be identified through referrals from providers, informatics, or transitional care. The purpose of the screening and assessment process is to determine if the recipient is “unstable” and impactable.

16. Will there be penalties for providers who do not attend Medical Management Meetings?

Medicaid will continue to work with the PCNA medical directors to determine the most appropriate way to ensure participation.

17. Are there set rules and guidelines for attending Medical Management Meetings?

Yes, Article V of the PCNA Guidelines provide the rules and guidelines.

18. Can you provide the reasoning behind Section 2.06 on Pg. 2 of the PCNA Guidelines regarding who is allowed to be contracted? Can a waiver be submitted for this section?

The purpose is to reduce conflict of interest between Board leadership and contractors.

If an Entity is currently in a contractual relationship with a Board Officer’s organization a waiver can be submitted. Medicaid will consider each waiver request, but would prefer the request to have a definite end date.

19. Are we required to submit a new budget with the new proposal?

Yes

20. How much time do we have to implement changes?

This contract will begin July 1, 2012.

21. When can we submit the education waiver request?

Medicaid recognizes that there may be unique roles that require adjustments to personnel requirements and that the unique experience of certain applicants may qualify them for positions. Medicaid will review all request for waivers on a case by case basis. If an existing contractor is awarded a new contract any previous waivers would have to be re-submitted. However, Medicaid does not foresee denying any waivers previously approved.

Waiver request for personnel positions outlined in the RFP must be submitted with the proposal if the person is identified. Medicaid will not approve waivers before this. The Waiver request should detail the requirements and why the Entity believes the person is an appropriate fit for the position.

22. Can you explain the \$100,000 performance guarantee?

The purpose of the performance guarantee is to provide the Agency a level of financial guarantee in case of default.

23. Can you send an updated list of Providers in the counties along with the panel size?
Yes, this list will be posted to the Medicaid website.
24. How soon can we start marketing?
In order to complete the proposal, the Entity must solicit support from providers before the proposal is submitted.
25. How soon can the new contracts be signed?
The new PMP to PCNA contract form will be provided upon award of the PCNA contract.
26. Can letters of intent be submitted while the contracts are being prepared?
There are no provisions for letters of intent.
27. Are additional board members required to support the Substance Abuse Treatment Program?
The Board must include a representative of a Substance Abuse Treatment Program. The Board Composition must be at least 50% made up of PMPs.
28. If we plan to have a budget carry over amount, are we required to submit a new request? Are we required to write a letter for the carry over or submit a new request?
The PCNA Guidelines Section 3.09 addresses the requirements for carry over.
30. Who is authorized to sign the RFP proposal?
The proposal can be signed by anyone authorized to legally bind the Entity. Documentation must be included showing this authorization may be requested. (RFP Section VII (H))
31. Physician Report Card - The profiler. Do we currently get this report and give to MDs, or do MDs already receive this report?
The profiler is provided directly to PMPs by Medicaid through HP.
32. How soon can we get a report, or can we get a report of all network available physicians with the number of eligible Home Health patients per practice.
Yes, this list will be posted to the Medicaid website.
33. How often are the numbers updated as to eligible patients?
Monthly
34. Does each required position have to be filled at time of submission of the RFP?
No, unidentified positions should be noted. Proposals with specific individuals identified may receive a higher score for this section due to the ability to evaluate staff qualifications.
35. What is the expectation of training on the Medicaid Provider Manual and Admin Code relative to the network and Medicaid?
Medicaid will provide training as it deems necessary on Medicaid procedures including the Provider Manual, Administrative Code, State Plan, and Waivers. The Entity must comply with all applicable rules whether training has been provided or not.
36. Are the current networks and subcontractors currently enrolled in the e-verify program?
It is the responsibility of the Entity to determine compliance with e-verify requirements.
37. What is the definition of a subcontractor? Are contracted hourly employees also defined as subcontractors? Do they factor in the 40% ratio?

The PCNA Guidelines Section 3.19 defines subcontracts that must be approved by the agency as those for services with a value over \$10,000 per year. This would include contracts with fiscal agents or employment agents that handle administrative duties.

The 40% rule in the RFP Section VII (C)(c) is intended to apply to subcontracts to other entities to deliver services. For example, if the Entity was to contract with a provider to supply care managers this would apply to the 40% rule. If the Entity contracted with a provider to coordinate payroll and benefits for Entity employees then this would not apply to the 40% rule but would require Medicaid approval if the agreement was for over \$10,000 per year.

38. Are there any additional letters of support recommended outside of those provided in the original RFP?

Please refer to the response in Question 6.

39. Is the Executive Director authorized to sign the RFP?

Please refer to the response in Question 30.

41. What is the funding % by Federal vs State to the program?

Health Home provisions provide a 90% Federal Match for 8 quarters. All of the funding in this RFP qualifies for the enhanced match.

42. How can budget/funding be estimated and received unless physicians/eligible are identified and recruited prior to official notification by Medicaid.

Medicaid cannot make any payments unless a contract is signed and approved. Population estimates are provided in the RFP and can be used to estimate available funding. The official notification by Medicaid will occur after the review of proposals so that contract signatures can be obtained, but the agreement is not official until properly signed by the Governor.